ACADEMIC RECORD CORRECTION REQUEST FORM

Dear Director of Academic Affairs,

I hereby request and authorize you for corrections to academic records for the following specifications:

| Academic Term:               | __________________________, 20________ |
| Course # & Title:            | ___________________________________ |
| Instructor’s Name:           | ___________________________________ |

- Name: ___________________________   Date of Birth: _____/_____/________

  Last       First

- Degree Program: ___________________________   Telephone #: ___________________________

Specifications: *(Please State the detailed information why you are requesting corrections of academic records)*

- Signature: ___________________________   Date: ___________________________

Instructor Only

Grade change from ________ to ________

- Signature: ___________________________   Date: ___________________________

Office Use Only

- Processed By: ___________________________
- Specifications: ___________________________
- Process Date: ___________________________   Authority: ___________________________